

DRAFT CDC Communication and Media Strategy for the Coronavirus Disease 2019 Response

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Situation

CDC is closely monitoring an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in Wuhan City, Hubei Province, China in December 2019 and which continues to expand. On February 11, 2020, the World Health Organization named the disease coronavirus disease 2019 (abbreviated COVID-19).

Early on, many of the patients in the COVID-19 outbreak in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Chinese health officials have now reported tens of thousands of COVID-19 cases in China. Person-to-person spread has been reported outside China, including in the United States and other countries.

Chinese officials report that sustained person-to-person spread in the community is occurring in China. In addition, other destinations have apparent community spread, meaning some people have been infected who are not sure how or where they became infected.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS, SARS, and now with this new virus (named SARS-CoV-2). The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV, both of which have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Current understanding about how the virus that causes COVID-19 spreads is largely based on what is known about similar coronaviruses. When person-to-person spread has occurred with SARS and MERS, it is thought to have happened via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. Spread of SARS and MERS between people has generally occurred between close contacts. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses. COVID-19 is an emerging disease and there is more to learn about its transmissibility, severity, and other features and what will happen in the United States. This is a rapidly evolving situation and information will be updated as it becomes available.

Operational Response Objectives

CDC's COVID-19 response has five initial operational objectives:

1. Prepare and establish processes to prevent, delay, and mitigate the introduction of additional cases, transmission, and impacts of COVID-19 within the population of the United States.
2. Conduct epidemiologic and surveillance activities to identify cases, define clinical and transmission characteristics and identify the populations at risk.
3. Ensure active, timely, effective public health and safety messaging along with outreach to key federal, state local partners, media, and the public.
4. Provide guidance to clinicians regarding patient treatment and management, provide guidance on community mitigation measures and travel-related policies to assist with the control of the spread of the virus that causes COVID-19.
5. Provide laboratory support to include identification, confirmation, and characterization of the virus along with reagent development and distribution.

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Guiding Communication Principles

This guidance uses the following risk communication principles to establish and maintain public trust and manage the expectations of citizens during an extremely adverse situation over an extended period. These principles are based on and complement [CDC's Crisis and Emergency Risk Communication \(CERC\)](#) program and the [WHO Outbreak Communication Guidelines](#). The principles are not specific to this response.

- When health risks are uncertain, people need information about what is known and unknown about the situation, their actual degree of risk, and actionable guidance to help them make decisions to help protect their health and the health of others.
- Timely and transparent dissemination of accurate and accessible science-based information about the outbreak and response activities can build public trust and confidence, particularly when such communication efforts are guided by established principles of risk communication.
- Coordinating message development and testing and release of information among partners is critical to help avoid confusion that can undermine public trust, raise fear and anxiety, and impede response measures.
- Every possible effort should be made to collect and analyze partner and community feedback and to incorporate what is learned into our communication messages.
- Information to public audiences should be accessible, culturally relevant, technically correct, easily understood, and complete enough to encourage support of policies and official actions without seeming patronizing.
- Information presented should minimize speculation and address rumor and fears.

- It is important to foreshadow that CDC guidance and recommendations, as well as those from other government agencies, may change as more is known about the outbreak and as the situation develops.
- Special efforts should be made to avoid stigmatization of people affected by the outbreak and Americans of Asian descent (including returning travelers and visitors from China).

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- Previous serious coronavirus outbreaks—SARS in 2003, multiple outbreaks of MERS beginning in 2012—attracted significant media interest. As MERS continued to be a threat of multiple years, media interest waned.
 - Misinformation spread quickly during previous SARS and MERS outbreaks.
 - Individuals of Asian descent felt stigmatized by coverage and messaging during the 2003 SARS outbreak and response.

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Current CDC messages can be found in the [Daily](#)

[Key Points](#) and [Weekly Key Messages](#) documents.

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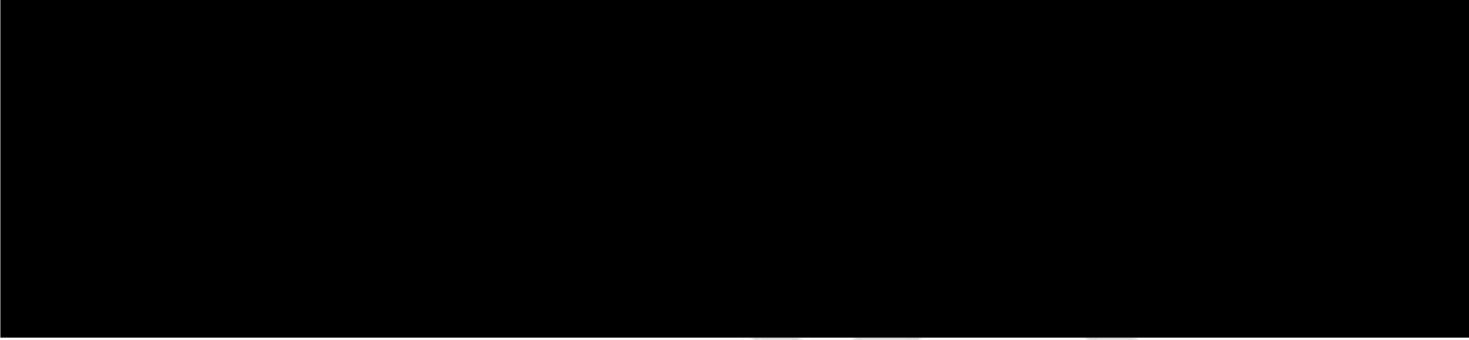
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- On January 29, 2020 President Trump announced the formation of the President's Coronavirus Task Force.
 - The Task Force is led by Secretary of Health and Human Services Alex M. Azar II and is coordinated through the National Security Council.
 - The Task Force is composed of subject matter experts from the White House and several United States Government agencies.
 - The Task force also includes some of the Nation's foremost experts on infectious diseases.

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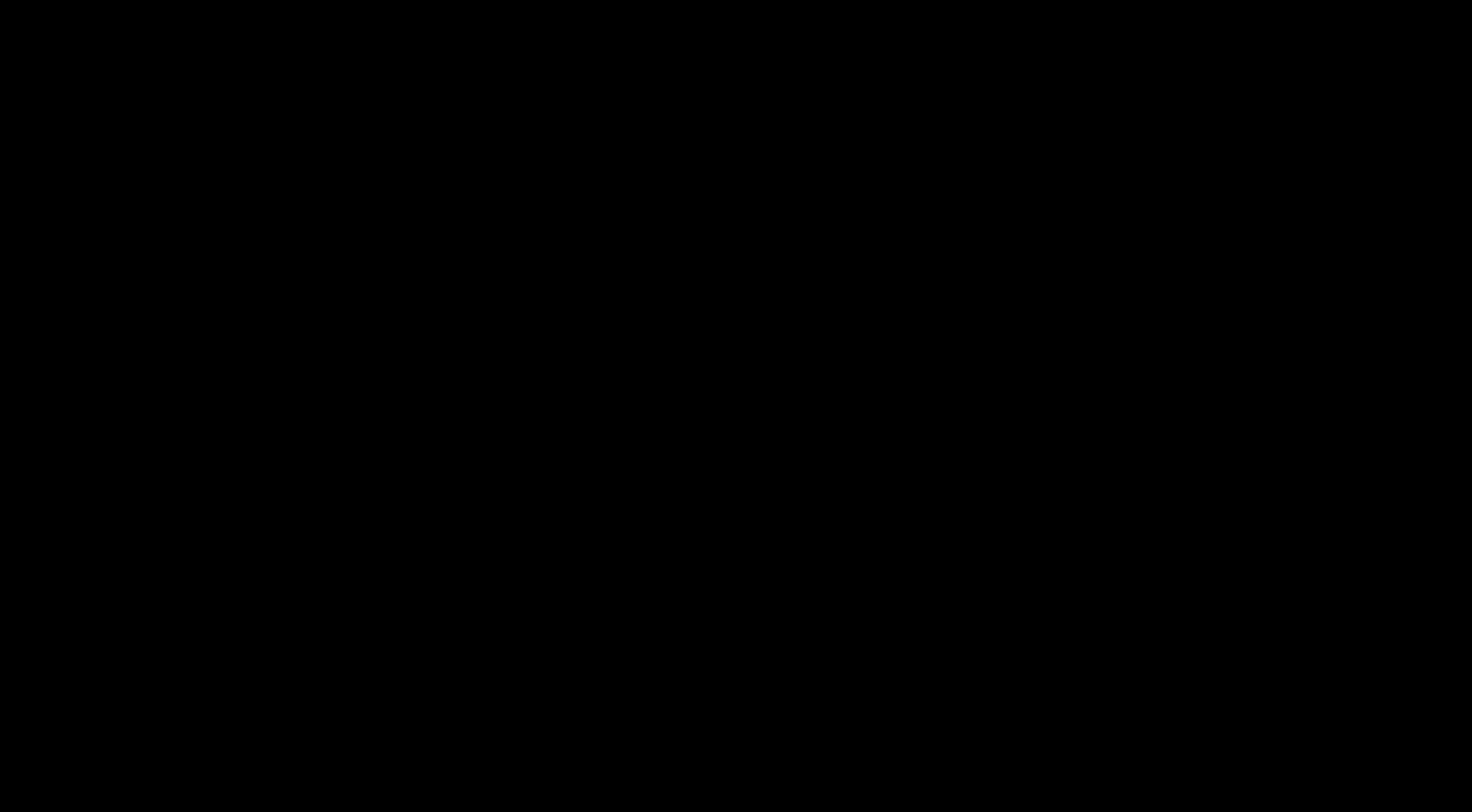
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